							S	CHEDULE
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.				Statement covers period		RNIA RM	460
SEE INSTRUCTIONS ON REVERSE				through		_ 58	/ 69	
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·			ID NUMB	ER	
Re-Elect Supervisor Don Knabe						1251077	7	
CODES: If one of the following codes accurately describes	the payment, you r	nay enter t	ne code. Other	wise, describe	the payment			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	d appearance ses ilating s survey researd ivery and mes	ch ssenger services	RFD SAL TEL TRC TRS TSF VOT	radio airtime and product returned contributions campaign workers' salar tiv. or cable airtime and product candidate travel, lodging staff/spouse travel, lodgit transfer between commit voter registration information technology campaigness.	ries production cos I, and meals ing, and meals ttees of the sa	s ime candi	date/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE ()R	DESCRIPTION OF	PAYMENT		AMO	UNT PAID
GAIL LEGROS	ID:	FND	Reimb. October	fest FR				235 88
Environet, Inc.	ID:	TRC						2269 50
ALICE BORDEN COMPANY	ID:	POS	For Fund Raise	r				185 00
Payments that are contributions or independent expenditures must a	lso be summarized or	Schedule D			SU	IBTOTAL \$		<u> </u>
Schedule E Summary								
Payments made this period of \$100 or more. (Include all	Schedule E subtot	als.)				\$	1310	60 43
Unitemized payments made this period of under \$100.							1	16.00

3 Total interest paid this period on loans (Enter amount from Schedule B, Part 1, Column (e).)

		_					SCHEDULE E	
Schedule E		Type or print in ink. Amounts may be rounded			Statement covers per	CALIF	DRNIA 460	
Payments Made			whole dollar		from	FOI	FORM 400	
SEE INSTRUCTIONS ON REVERSE					through	5	9 / 69	
NAME OF FILER						I D NUM	BER	
Re-Elect Supervisor Don Knabe						125107	77	
CODES: If one of the following codes accurately describes	the pay	ment, you r	may enter	the code. Othe	rwise, describe the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG OFC PET PHO POL POS PRO	polling and s postage, del	id appearanceses ulating s survey resear	es	RAD radio airtime and RFD returned contribut SAL campaign workers TEL t v or cable airtim TRC candidate travel, it staff/spouse trave TSF transfer between VOT voter registration WEB information technical staff.	tions s' salaries le and production co lodging, and meals el, lodging, and mea committees of the s	ls ame candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID	
VERIZON	ID:			Telephone			30 70	
THE QUEEN MARY	ID:		FND				18025 32	
VISA	ID:			Wedding Gifts			199.99	
Payments that are contributions or independent expenditures must a	also be su	ımmarized or	n Schedule [).		SUBTOTAL \$		
Schedule E Summary		 						
1. Payments made this period of \$100 or more. (Include all	Schedu	ıle E subtot	als.)			\$		
2. Unitemized payments made this period of under \$100						\$		
3. Total interest paid this period on loans. (Enter amount from	om Sch	edule B, Pa	ırt 1, Colun	nn (e).)		\$		
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter h	nere and or	the Sumr	nary Page, Colu	ımn A, Line 6.)	TOTAL \$		

		whole dollar	ounded 8.	from	FORM 46
SEE INSTRUCTIONS ON REVERSE				through	60 / 69
NAME OF FILER		 		· · · · · · · · · · · · · · · · · · ·	I.D NUMBER
Re-Elect Supervisor Don Knabe					1251077
CODES: If one of the following codes accurately describes	the payment, you	may enter t	the code. Otherw	se, describe the payment	
CMP campaign paraphernalia/misc CNS campaign consultants . CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings a OFC office experience petition circle. PHO phone ban polling and postage, deprospension profession profession print ads	and appearance enses culating ks I survey resear elivery and me	es	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sal TEL t v or cable airtime an TRC candidate travel, lodgi TRS staff/spouse travel, loc TSF transfer between comi VOT voter registration WEB information technologi	aries d production costs ng, and meals Iging, and meals nittees of the same candidate/spon
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D NUMBER)		CODE	OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID
Ramona Garrett	1D	FND			440.00
Los Angeles County Registrar-Recorder	ID:		2004 Candidate S	Statement	28000 00
POLITICAL PULSE	ID:		Subscription		287.00
Payments that are contributions or independent expenditures must	also be summarized	on Schedule D).	<u> </u>	SUBTOTAL \$
Schedule E Summary					1

4. Total payments made this period. (Add lines 1, 2, and 3 Enter here and on the Summary Page, Column A, Line 6)... TOTAL \$ ______

2. Unitemized payments made this period of under \$100.

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

								SCHEDULE E
Schedule E Payments Made		Type or print in ink. Amounts may be rounded to whole dollars.				Statement covers period		^{RNIA} 460
SEE INSTRUCTIONS ON REVERSE					through	h	_ 61 /	69
NAME OF FILER							ID NUMBE	R
Re-Elect Supervisor Don Knabe							1251077	
CODES: If one of the following codes accurately describes to the campaign paraphernalia/misc consultants contribution (explain nonmonetary)*	MBR MTG OFC	member com meetings and office expens	nmunications d appearance ses		RAD RFD SAL	radio airtime and product returned contributions campaign workers' salar	nes	•
CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	(plain)* POS postage, (candidate travel, lodging staff/spouse travel, lodgi transfer between commit voter registration	able airtime and production costs te travel, lodging, and meals buse travel, lodging, and meals between committees of the same cand pistration ion technology costs (internet, email)	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)			CODE	DR DE	SCRIPTION O	F PAYMENT		AMOUNT PAID
CompleteCampaigns.com	ID.		PRO	Software Fee		,		400 00
CALIFORNIA FLORAL CO.	ID.			Flowers				51.91
PALOS VERDES PENINSULA REPUBLICAN HEADQUAR	 Teres:		CVC	Dinner and Speak	er			100 00
* Payments that are contributions or independent expenditures must also	so be su	mmarized on	Schedule D			SU	IBTOTAL \$	
Schedule E Summary		· · · · · · · · · · · · · · · · · · ·				1	··	-

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals)

2. Unitemized payments made this period of under \$100

3 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Payments Made Amounts may be rounded to whole dollars. from	Schedule E Payments Made		Statement covers period	CALIF
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	SCHEDULE E
Statement covers period	CALIFORNIA 460
through	62 / 69
	ID NUMBER
•	1251077

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t v or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D.	E OR CREDITOR NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
GAIL LEGROS	ID.	POS	Thank You Notes	74 00
ACCESS THE WEB	ID:	WEB	Web page design	3150.00
VISA	. ID:		Visa Bıll	129 74

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUB	TOT	AL S	5
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Schedule E Summary

SEE INSTRUCTIONS ON REVERSE

Re-Elect Supervisor Don Knabe

NAME OF FILER

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2.	Unitemized payments made this period of under \$100.
3.	Total interest paid this period on loans (Enter amount from Schedule B, Part 1, Column (e).)
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6)

		Tuna as asint i	a lab		SCHEDULE
Schedule E Payments Made	Type or print in Ink. Amounts may be rounded to whole dollars.			Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE				through	63 / 69
NAME OF FILER			<u> </u>		ID NUMBER
Re-Elect Supervisor Don Knabe					1251077
CODES: If one of the following codes accurately describes	the payment,	you may ente	er the code. Other	erwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meeti OFC office PET petitic PHO phoni POL pollin POS posta	on circulating e banks ig and survey rese ige, delivery and i ssional services (nces	RAD radio airtime and productions RFD returned contributions SAL campaign workers' sale to vorcable airtime and TRC candidate travel, lodging transfer between community voter registration WEB information technology	aries d production costs ng, and meals ging, and meals nittees of the same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	,	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Roger Douglass	ID.	FND			1600.00
Public Opinion Strategies, LLC	ID.	POL	Survey		60000 00
Los Angeles County Registrar-Recorder	ID:	FIL	Filing Fees		1397.84
Payments that are contributions or independent expenditures must a	lso be summar	ized on Schedul		S	UBTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all	Schedule E s	subtotals.)			\$
Unitermized payments made this period of under \$100		•	•		
3 Total interest paid this period on loans. (Enter amount fro					•

					SCHEDULE E				
Schedule E	Type or print in ink. Amounts may be rounded				Statement covers period	CALIFORN	IA AGO		
Payments Made			whole dollar		from	FORM	400		
SEE INSTRUCTIONS ON REVERSE					through	_ 64 / 69	9		
NAME OF FILER						I D NUMBER	-		
Re-Elect Supervisor Don Knabe						1251077			
CODES: If one of the following codes accurately describes	the paym	nent, you r	nay enter t	he code. Otherwise	e, describe the payment				
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG OFC PET PHO POL POS PRO	meetings an office expen petition circuphone banks polling and spostage, del	ilating s survey resear ivery and me	es	RAD radio airlime and product returned contributions SAL campaign workers' salar TEL t v or cable airlime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between commit vot voter registration WEB information technology of	ries production costs g, and meals ing, and meals ttees of the same	•		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D NUMBER)			CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID		
Waldo Arballo	ID.		PRO				1022 80		
Waldo Arbalio	ID.	 -	PRO	Treasurer Service,	Misc Expenses		1331.97		
VERIZON	ID.		OFC	Telephone Bill			38.16		
Payments that are contributions or independent expenditures must a	also be sun	nmarized or	Schedule D	······································	su	IBTOTAL \$			
Schedule E Summary									
1. Payments made this period of \$100 or more. (Include all	l Schedul	e E subtot	als.)			\$			
2. Unitemized payments made this period of under \$100.						\$			
3. Total interest paid this period on loans. (Enter amount fr	om Sched	dule B, Pa	rt 1, Colun	nn (e))		\$			
4 Total payments made this period. (Add lines 1, 2, and 3	Enter he	ere and on	the Sumn	nary Page, Column	A, Line 6.) To	OTAL \$	<u> </u>		

				SCHEDULE			
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE				through	65 / 69		
NAME OF FILER	····				I D. NUMBER		
Re-Elect Supervisor Don Knabe					1251077		
CODES: If one of the following codes accurately describes t	the payment, you	may enter t	he code. Otherwis	se, describe the payment.			
CMP campaign paraphernalia/misc CNS campaign consultants . CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	mpaign consultants . MTG meetings and appearances RFD returned contribution (explain nonmonetary)* OFC office expenses SAL campaign works reductions PET petition circulating TEL t v or cable airt phone banks TRC candidate trave reductions polling and survey research TRS staff/spouse tradependent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services (legal, accounting) VOT voter registration.				ions s' salaries e and production costs		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID		
Ramona Garrett	ID:	FND			76.90		
PRESENTATION SERVICES	ID:	FND		 	300 05		
REED & DAVIDSON, LLP	ID.	PRO	Final Treasurer Se	ervices	335 17		
Payments that are contributions or independent expenditures must al	so be summarized o	on Schedule D			SUBTOTAL \$		

Schedule E Summary

Schedule E Payments Made	Amou	pe or print in ink. Ints may be rounded o whole dollars.	Statement covers period	CALIFORNIA 460 FORM 66 / 69	
SEE INSTRUCTIONS ON REVERSE			through		
NAME OF FILER				I D NUMBER	
Re-Elect Supervisor Don Knabe				1251077	
CODES: If one of the following codes accurately describes	the payment, you	ı may enter the code. Othe	erwise, describe the payment		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	ommunications and appearances enses roulating nks d survey research delivery and messenger services hal services (legal, accounting)	RAD radio airtime and productions returned contributions SAL campaign workers' sa TEL t.v. or cable airtime ar TRC candidate travel, lodg TRS staff/spouse travel, lodg TRS transfer between com VOT voter registration WEB information technolog	laries id production costs ing, and meals dging, and meals dging, and meals mittees of the same candidate/spons		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
VERIZON	ID.	PHO		34 52	
ALICE BORDEN COMPANY	ID:	PRO		843 75	
ALICE BORDEN COMPANY	ID:	PRO		8303 13	
* Payments that are contributions or independent expenditures must	also be summarized	on Schedule D.		SUBTOTAL \$	
Schedule E Summary					

2. Unitemized payments made this period of under \$100.

3 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

....**.**

	•				SCHEDULE E	
Schedule E Payments Made	Type or print in ink. Amounts may be rounded			Statement covers period	CALIFORNIA 460	
rayments made		to whole dolla	rs.	from	_	
SEE INSTRUCTIONS ON REVERSE				through	67 / 69	
NAME OF FILER					ID NUMBER	
Re-Elect Supervisor Don Knabe					1251077	
CODES: If one of the following codes accurately describes	the payment, y	ou may enter	the code. Othe	rwise, describe the payment.		
CMP campaign paraphernalia/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetin OFC office of PET petition PHO phone POL polling POS postag	and survey resea e, delivery and me sional services (le	rch essenger services	RAD radio airtime and produ RFD returned contributions SAL campaign workers' sal TEL t.v or cable airtime an TRC candidate travel, lodgii TRS staff/spouse travel, lod TSF transfer between commoder VOT voter registration WEB information technology	aries d production costs ng, and meals lging, and meals miltees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
GAIL LEGROS	ID	POS			148 00	
CompleteCampaigns.com	ID	PRO	Software Fee		400.00	
CompleteCampaigns.com	ID:	PRO	Campaign Sof	tware	400.00	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summa	ry
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1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2.	Unitemized payments made this period of under \$100.
3	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period	CALIFORN FORM	1A 460
SEE INSTRUCTIONS ON REVERSE				through	68 / 69	
NAME OF FILER				· · · · · · · · · · · · · · · · · · ·	I D NUMBER	
Re-Elect Supervisor Don Knabe					1251077	
CODES: If one of the following codes accurately describes	the payment, you	may enter t	ne code Otherwis	e, describe the payment		
CMP campaign paraphernalia/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member colored meetings are office exper petition circle phone bank polling and postage, de PRO professiona PRT print ads	nd appearance nses ulating is survey researd livery and mes	ch senger services	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t v or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between common VOT voter registration WEB information technology of	ries production costs g, and meals ing, and meals ittees of the same o	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)		CODE	DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Waldo Arballo	ID:	PRO	Treas. Services			1006 78
CALIFORNIA FLORAL CO	ID:		Flowers L. B Resid	dent		57 32
GAIL LEGROS	ID:	POS	Stamps Christmas	Cards		185 00
Payments that are contributions or independent expenditures must a	also be summarized o	n Schedule D		St	JBTOTAL \$	131060.43
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)			\$	
2. Unitemized payments made this period of under \$100.					\$	
3. Total interest paid this period on loans. (Enter amount from	om Schedule B, Pa	art 1, Colum	n (e))		\$	